



DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)

DASA TARGET CHANGE OF CIRCUMSTANCES

AGENCY NUMBER

STAFF IDENTIFICATION

INSTRUCTIONS: For clients receiving treatment, use this form to record only the types of change of circumstances shown below. Record other client changes that occur during treatment at discharge on the DASA Target Data Elements, DSHS 04-416. Record only the area(s) that have changed.

SECTION I: CLIENT IDENTIFICATION

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME
4. DATE OF BIRTH	5. ORIGINAL ADMISSION DATE	6. CHANGE START DATE

SECTION II: PREGNANCY OUTCOME

PREGNANCY OUTCOME CODES

L - Live Birth Child		M - Miscarriage		S - Stillborn Child (dead)		T - Other Termination	
1. ESTIMATED DUE DATE MO YR		2. HAS PRENATAL PROVIDER <input type="checkbox"/> Yes <input type="checkbox"/> No		3. PREGNANCY END DATE MO DAY YR		4. Complete the table below to document the fetus/infant(s) associated with the actual date from Section 3. (The table allows for multiple births.) Note: Only complete columns 2, 3, and 4 if outcome = L - Live Birth Child	
OUTCOME	WEIGHT LBS OZ	INFANT'S FIRST NAME		IS CHILD LIVING WITH CLIENT			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

SECTION III: FUNDING

1. CONTRACT (CHECK ONE BOX ONLY)					
<input type="checkbox"/> Adult Outpatient		<input type="checkbox"/> DOC - COM		<input type="checkbox"/> Pregnant/Parenting	
<input type="checkbox"/> CDDA (COMM)		<input type="checkbox"/> DOC - Jail		<input type="checkbox"/> SSI	
<input type="checkbox"/> CDDA (LS)		<input type="checkbox"/> Gov2Gov (Non XIX)		<input type="checkbox"/> TANF (ESA)	
<input type="checkbox"/> Children and Family Services (CA)		<input type="checkbox"/> Indian Health Services (IHS)		<input type="checkbox"/> Tribe MOA (Title XIX)	
<input type="checkbox"/> Criminal Justice (CJ)		<input type="checkbox"/> Other/None		<input type="checkbox"/> Youth Treatment	
2. FUND SOURCE (CHECK ONE BOX ONLY)					
<input type="checkbox"/> Agency Funded		<input type="checkbox"/> Other		<input type="checkbox"/> State Direct	
<input type="checkbox"/> County Community Services		<input type="checkbox"/> Private Pay		<input type="checkbox"/> State DSHS (Non DASA)	
<input type="checkbox"/> Federal Direct				<input type="checkbox"/> State Non DSHS	
<input type="checkbox"/> Tribal Community Services				<input type="checkbox"/> Tribal Community Services	
3. TITLE XIX FUNDED <input type="checkbox"/> Yes <input type="checkbox"/> No		4. CO-OCCURRING DISORDER <input type="checkbox"/> Yes <input type="checkbox"/> No		5. SPECIAL PROJECT STATE	
				6. SPECIAL PROJECT COUNTY	
7. SPECIAL PROJECT AGENCY		8. PROJECT ACTIVE DATE		9. PROJECT INACTIVE DATE	
				7. GOVERNING COUNTY (IF NOT COUNTY OF FACILITY)	
8. INSURANCE PAYMENT (PRIVATE) (CHECK ONE BOX ONLY)				9. FEE STATUS (CHECK ONE BOX ONLY)	
<input type="checkbox"/> No Insurance Payment				<input type="checkbox"/> Client Will Pay No Fee	
<input type="checkbox"/> 50% or greater				<input type="checkbox"/> Client Will Pay Full Fee	
<input type="checkbox"/> Less than 50%				<input type="checkbox"/> Client Will Pay Partial Fee	
10. CHANGE MODALITY (CHECK ONE)				11. CLIENT REGISTRY PARTICIPATION	
<input type="checkbox"/> Intensive Outpatient (IO) to Outpatient (OP)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Intensive Outpatient (IO) to Methadone (MT)					
<input type="checkbox"/> Outpatient (OP) to Intensive Outpatient (IO)					
<input type="checkbox"/> Outpatient (OP) to Methadone (MT)					
<input type="checkbox"/> Methadone (MT) to Outpatient (OP)					
<input type="checkbox"/> Methadone (MT) to Intensive Outpatient (IO)					
				12. STATUS DATE	